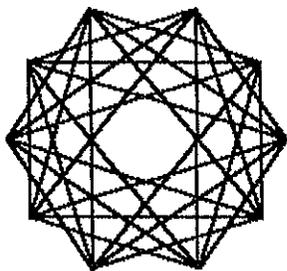


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**FOURTH QUARTERLY REPORT OF  
THE ARMENIA SOCIAL TRANSITION  
PROGRAM**

**APRIL 1 – JUNE 30, 2001**

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**Prepared for**

United States Agency for International Development

Contract No. 111-C-00-00-0014-00

**Prepared by**

PADCO, Inc.

**July 15, 2001**

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# ABBREVIATIONS AND TERMS

## Armenian Entities and Terms

- ASTP = Armenia Social Transition Program
- COM = Cabinet of Ministers
- CSR = Civil Status Registry (records births deaths & marriages, is subordinated to the Ministry of Justice)
- GOA = Government of Armenia
- HIE = Household Income and Expenditure Survey, conducted annually by the National Statistical Service
- MFE = Ministry of Finance and Economy, responsible for developing overall economic policy, ensuring auditing and reporting standards
- MOH = Ministry of Health
- MOJ = Ministry of Justice, responsible for registering births, deaths and marriages through the CSR
- MOSS = Ministry of Social Security
- MSR = Ministry of State Revenues, responsible for collecting taxes
- MOTC = Ministry of Transportation and Communications
- NA= National Assembly
- NIH = National Institutes of Health, where nurses and physicians receive post-graduate education
- Normative acts = Laws of parliament, decrees of the President, ministerial decrees and instructions, that, together, form the legal and regulatory framework for social protection programs
- NSS = National Statistics Service
- PHC = Primary Health Care
- PIN = Personal Identification Number
- RELS = Republic Employment and Labor Service, responsible for administering unemployment insurance benefits and providing job and training information -- subordinated to the MOSS--there are 51 RELS offices nationwide
- RSSC = Regional Social Security Center -- there are 54 local RSSCs through which social services are delivered to the population of Armenia
- SAD = Social Assistance Departments of the Marzpeteran
- SHA= State Health Agency
- SIC = State Insurance Commission
- SIF = State Social Insurance Fund, which is administratively independent (but must follow MOSS policy), responsible for collecting payroll contributions and for distributing mandatory insurance benefits including old age, survivor, and disability pensions, and many small social benefits such as childcare benefits to mothers caring for young children, funeral allowances--there are 54 SIF offices nationwide
- SMEC The Social Medical Expertise Commissions which assess the degree of disability of individuals who apply for Disability Pensions, Category 1, 2 and 3.
- SMU = State Medical University, where physicians are trained
- SRC = Securities Regulatory Commission
- STP = The international NGOs administering the Social Transition Program: The Armenian Assembly, Catholic Relief, UMCOR, and Save the Children

## International Entities

- DFID= Department for International Development of UK
- IDA= International Development Agency (World Bank)
- IMF= International Monetary Fund
- TACIS = Technical Assistance Program for the CIS, administered by the European Union
- TNO= Netherlands Organization for Applied Scientific Research
- UNDP = United Nations Development Program
- USAID= United States Agency for International Development

WFP= World Food Programme  
WHO = The World Health Organization

## A. PROJECT INFORMATION

PADCO Project # 0008

|                            |  |
|----------------------------|--|
| (I) Project Name:          | Armenia Social Transition Program  |
| (II) Contract No:          | 111-C-00-00-00114-00   |
| (III) Project Start Date   | July 27, 2000  |
| (IV) Anticipated End Date: | August 6, 2003 – with an option period from August 7, 2003 through August 6, 2005          |
| (V) Technical Supervision  | Kimberly Delaney, Director, Office of Democracy and Social Reform<br>Marshall Fischer, CTO |
| (VI) Contract Supervision  | Carlton Bennett, Regional Contracting Officer  |
| (VII) Chief of Party       | Roger Vaughan  |

## B. PROJECT OBJECTIVES

The goal of the five-year Armenia Social Transition Program (AST) is, in the short-term, to meet the immediate social and health care needs of the most vulnerable, while establishing the basis in the longer term for sustainable and effective social insurance care systems. USAID has defined social insurance systems to include unemployment, disability, and health and pension systems. The AST Program includes three major areas:

Component 1: Establish the Foundation for Sustainable Social Insurance Systems

Component 2: Improve the Efficiency and Effectiveness of the Government of Armenia in Providing Social Assistance and Primary Health Care

Component 3: Strengthen Governmental capacity to Provide Primary Health Care in Selected Regions

For the purposes of this Program, the most vulnerable have been defined as those not able to meet their basic health, nutrition and shelter needs. Categorization of the most vulnerable population is difficult in Armenia, due to the wide extent and transient nature of poverty. The most vulnerable are likely to include extended family households with three or more children.

Under the Armenia Social Transition Program, the contractor shall focus on those elements of the program related to establishing the longer-term foundation for social insurance systems, while, in the short term, increasing the efficiency and effectiveness of the government in providing social assistance and primary health care and making improvements in publicly provided primary health care in selected regions.

## C. HIGHLIGHTS OF FOURTH QUARTER ACTIVITIES AND ACHIEVEMENTS

| HIGHLIGHTS FROM THE FOURTH QUARTER AST ACTIVITIES |  |
|---|--|
| <b>SOCIAL INSURANCE</b>                           | <p>1. The ASTP team supported MOSS in drafting three laws that will be submitted to the National Assembly in September. These are:</p> <ul style="list-style-type: none"> <li>• A Law to protect the privacy of personal data maintained by government agencies</li> <li>• A law to reform the mandatory state pension insurance system</li> <li>• A law to introduce personal identification numbers</li> </ul>             |
|   | <p>2. Two multi-day seminars were held to explain these three draft laws – first, in early May, to legal specialists in other ministries who would be called upon to review the draft laws before they are submitted to the national Assembly and second, in mid June, to explain the laws to key members of the National Assembly.</p>  |
|   | <p>3. Four specialists from the MOSS and SIF were sent to Washington DC where they received one week of training in the use of the PROST model. The ASTP identified the specialists and paid for their travel and accommodations while the World Bank provided the training.</p>   |
|   | <p>4. Four qualified students for actuarial training have been identified to staff the Office of the Actuary – which will be located within the Nemrout Center. The detailed mathematical and statistical training of actuaries and faculty from YSU has begun. It should be completed by next March. The Office of the Actuary will be equipped by ASTP with computers and software during the next quarter.</p>            |
|   | <p>5. The ASTP conducted a total of 21 seminars and workshops on social insurance issues between April 1 and June 30. These included series of seminars on pension reform issues, actuarial analyses, and statistical methods.</p>   |
|   | <p>6. 1,500 copies of the manual containing all laws relating to health and social services in Armenia, published by the ASTP, and have been distributed to all offices related to social services and health, Government Ministries, NGOs. It continues to earn plaudits and the team have received many letters of appreciation and positive feedback from users.</p>  |
| <b>SOCIAL ASSISTANCE</b>                          | <p>7. The Nemrout Information and Analytic Center was opened at a ceremony on June 14 that was widely covered in the media and attended by the US Ambassador to Armenia, the USAID Mission Director, the World Bank, the Minister of Social Security and nearly 100 guests.</p>  |
|   | <p>8. The ASTP has installed 19 computers in the Nemrout Center, 11 at the National Statistics Service, 5 in the Yerevan State University actuarial training room, 13 in the Lori Pilot Site office</p>  |
|   | <p>9. Lori Marz has been officially designated by the Minister of Social Security as the pilot site and an advisory group has been created and meets weekly. They have had 7 meetings since the Group was convened by MOSS on May 15. The Advisory Group was brought to the Nemrut Center on June 20 to get familiarized with the Center's activities and how they can use the information and analysis from the Center.</p> |
|   | <p>10. The ASTP conducted a total of 11 seminars and workshops on social assistance issues between April 1 and June 30. These included series of seminars on training needs, public communication needs, and statistical methods for NSS and MOSS.</p>   |

## HIGHLIGHTS FROM THE FOURTH QUARTER AST ACTIVITIES

|                             |   |
|-----------------------------|---|
|                             | <p>11. The ASTP Social Assistance and Social Insurance Advisor provided a presentation at the TACIS Regional Development Conference in Tsakhkadzor on June 6 on the AST project, the pilot project in Lori Marz, and issues regarding access to social and health services. The Conference was attended by all marzpets in Armenia, the Prime Minister, all ambassadors, and other donors. The conference was also televised and shown nationally.</p> <p>12. Marzpeteran building and local government sub-offices of the Marzpeteran in Lori Marz now include "Info Centers" where information is provided to citizens on eligibility conditions for social services. This is due to the close working relationship developed with the TACIS project "Support to Lori Marz Development" and the active engagement, by the AST team, of all social sector key actors in improving access to social services.</p> <p>13. At the ASTP request the MOSS has created a public education unit based in the International Relations Department of the ministry. A workshop on MOSS public education needs was held and arising from this a public education workplan was developed. Basic public education training is being provided by the ASTP team to the designated staff members in relation to preparation of press releases, organization of press conferences/ promotional activities and brochure design.</p> <p>14. Several public education activities have been carried out with the assistance of the ASTP team e.g. TV programs on poverty family benefit and pensions, the publication of newspaper articles on social sector reforms, two-hour program on Health and Social Sector reforms in Lori Marz.</p>  |
| <p><b>HEALTH REFORM</b></p> | <p>15. In early May, the MOH and the City of Yerevan collaborated to designate Polyclinic 17 as the Family Medicine Clinical training Center. The WB will finance the renovation of the facility based on the functional analysis completed by ASTP consultants</p> <p>16. ASTP developed a new health strategy for assisting the GOA in implementing health reforms. The strategy, which has been accepted by the GOA, is based on four pillars: 1) strengthening government capacity to implement health care reforms, 2) restructuring health care finance, 3) developing family medicine, and 4) rationalizing the use of existing health resources. Implementing activities under in this strategy are underway.</p> <p>17. Progress in the optimization process in the Lori Marz pilot site has proceeded much faster and is more far-reaching than anticipated. Of special note is the planned consolidation of five health facilities (3 hospitals, a blood bank, and ambulance / emergency services) in Vanadzor under one administration. In Tashir (also in Lori Marz), a large hospital will also be closed.</p> <p>18. Despite the failure of the MOH to provide the ASTP with the necessary information to prepare the HIS Plan by June 15, collaboration has improved markedly since that date In collaboration with the World Bank, the AST is supporting the MOH in developing a comprehensive health information systems plan.</p> <p>19. Computer specialists provided by ASTP have completed rebuilding the SHA software system for financial data and will have almost completed re-entering all the data for 1999 and 2000 by the end of August.</p> <p>20. The ASTP conducted 11 seminars and workshops on health policy – including seminars dealing with the overall strategy of health reform, family medicine, health finance, and health information systems.</p> <p>21. The Pilot Office in Lori Marz has been staffed and renovation is complete and equipment installed. The Advisory group of local health officials meets weekly with AST participation.</p> |

# D. OVERVIEW OF AST ACTIVITIES IN SOCIAL INSURANCE AND SOCIAL ASSISTANCE

## D.1 INTRODUCTION

This section summarizes achievements and next steps planned in ASTP activities in social insurance and social assistance in support of Government of Armenia (GOA) reforms during the fourth quarter. During the quarter a total of eight short-term ST advisors were mobilized from the US, UK, and Ukraine to provide seminars and technical assistance.

## D.2 REVIEW OF ACTIVITIES BY DELIVERABLES

*1A:D1. Draft of law protecting individual privacy submitted to MOSS.*

*1A:D2. Plan for development of a legal framework for a PIN system and the technical and material support to be provided by AST submitted to the PIN Implementation Board in MOSS – including draft of law or normative act to initiate implementation of the PIN system*

### Achievements.

- PADCO AST team has supported the GOA in preparing the following:
  - Draft Law on Privacy (reflecting comments by GOA);
  - Draft Law to implement the Personal Identification Numbering (PIN) system refined;
  - Draft Law to Reform the Mandatory State Pension System (including the preparation of actuarial analyses of alternative policy scenarios) further refined; and
  - Draft GOA decree to implement Personification System. This will be issued when the Pension law is enacted.
- A series of workshops to accommodate comments from other ministries in the draft laws were held on May 2, 3, and 4 for social protection legal specialists from other GOA ministries – including MFE, MOJ, SIF, MOTC, and NSS. The purpose was to explain the structure of the draft laws before these specialists were required to write an opinion on the laws when they were circulated through the COM.
- A joint 3-day seminar was conducted in mid-June in collaboration with the Institute for Public Administration and SPRITE for about 50 participants from the National Assembly and key experts, also to explain the structure and operation of the laws.
- In addition to the Draft Law on Mandatory State Pension System, the ASTP has conducted 8 seminars on various aspects of pension reform that are provided by ST specialists and ASTP staff to an average audience of 25 people from MOSS, Social Insurance Fund (SIF), Ministry of Finance and Economy (MFE), and various research institutes. A further 5 seminars on other social insurance issues, ranging from private pension insurance to invalid benefits, were also provided.
- By the end of June, comments from the other ministries had been incorporated in the three draft laws and they were ready for submission to the National Assembly – scheduled for September, when the Assembly reconvenes after the summer recess.

Next Steps. Further analyses are needed on the Mandatory State Pension System law to prepare for comments from the National Assembly. The draft privacy law prepared by ASTP has been reconciled with the draft privacy law prepared by the Ministry of Transportation and Communications: the former is related to databases

maintained by the state, the latter to databases maintained by private entities. In the next quarter, ASTP will work with MOSS and other GOA officials to present the draft laws to other target groups through TV and printed material. The ASTP will also begin working with MOSS to develop a draft law on private pension funds (including systems of regulating investments). The ASTP will complete a two-year strategy for legal reforms in Social Insurance, Social Assistance, and Health – in collaboration with counterparts – in July 2001.

*1B:D1: Prototype of actuarial models submitted to GOA for review, and actuarial training program for PROST model of state old age pension system provided for MOSS and SIF staff. (Month 12)*

*1B:D2. Actuarial training program for PROST model of state old age pension system provided for MOSS and SIF staff in collaboration with World Bank (Month 12)*

*1B:D4 Recommendations for strengthening GOA capacity to administer and finance social insurance programs presented to GOA – including accounting reform for SIF, separation of insurance accounts, and creation of office of Actuary with a workplan for collaborative implementation with AST.*

#### Achievements.

- The development of the PROST model continues – with ASTP actuaries working in collaboration with the MOSS pension department, YSU, and other specialists.
- The ASTP sent four specialists from MOSS and SIF to Washington DC in June where the World Bank provided one week of training. Participants valued the training.
- The Office of the Actuary has been created by Ministerial Order in the Nemrout Center. Four qualified candidates for the Office of the Actuary have been identified – the result of the third round of examinations – and training has begun under ASTP actuary Mitchell Wiener. The MOSS has agreed to hire the graduates from this program to staff the Office of the Actuary. A special course in probability theory was provided to all those who wish to participate in the intensive actuarial training.
- In addition, the ASTP team is working with the YSU to create the facilities ready for the new actuarial education program that will begin educating graduate students this September. ASTP is renovating and equipping an actuarial center in YSU and will provide a library of relevant textbooks. A total of 8 students have already enrolled in the new program. ASTP is also providing course material and training for the faculty members from the mathematics and economics faculties. The program for the course has been developed by YSU in co-operation with Kyiv Shevchenko University following ASTP supported visits by staff of the actuarial education program developed there by PADCO. The ASTP has also developed a brochure on the profession of actuary and the planned development and use of the profession in Armenia.

Next Steps. The ASTP will prepare classroom facilities and install 8 computers in YSU for the new actuarial education program. The training will continue for the actuarial specialists who will be hired by MOSS. ASTP support for the training of faculty and the preparation of course materials and the preparation of the materials necessary to receive formal accreditation from the Ministry of Education will continue. ASTP will also assist YSU in establishing links with other Caucasus countries to admit students to the program.

*2C:D4. Copy of a manual for social workers covering office administrative procedures, outreach, auditing, appeals, and referral produced and delivered to MOSS (Month 24)*

*Create Permanent Staff Training Center within MOSS*

#### Achievements:

- A draft of an Office Procedures Manual has been developed for RSSCs with the assistance of YSU. It is currently being refined and improved. The final version will include materials tested in the training

programs that are being developed. The manual will also include a user's guide to the software used in RSSCs, RELSs, and SSIFs as well as the integrated software that will be developed for the integrated social services offices that will be pilot tested in Lori Marz.

- A manual containing all laws relating to health and social services in Armenia has been published by the ASTP and 1500 copies have been printed. These have been distributed to all local offices related to social services and health, Government Ministries, NGO's both local and International, Educational Institutions, Seminar and Workshop attendees, National Assembly, Lori Marz "info Centers" and the Armenian Young Lawyers legal aid centers. The manual continues to earn plaudits and the team have received many letters of appreciation and positive feedback from users.
- The ASTP, in collaboration with MOSS, has developed a comprehensive training strategy for all levels of social services and social insurance offices. The training plan includes management training, the legal basis of social services, customer service, the use of computers, and a range of other skills.
- In addition to the procedural training for office staff, the ASTP has prepared a two-year training plan for information analysts from MOSS and the Nemrout Center in statistical methods and the use of SPSS. This training will be conducted in a series of courses given by ASTP specialists and specialists from the NSS who have already received training from the ASTP. It is intended to ensure that MOSS (and MOH) information analysts will be able to use the growing volume of administrative data that will be created under the ASTP for management and policy analysis.
- The ASTP is developing plans for the conversion of the fifth floor of the MOSS into a center that would serve as a policy analysis, permanent staff training center, and public education center. The Federal Republic of Germany (GTZ) has contributed \$25,000 toward the cost of completing the construction and the ASTP, with other potential donors, is assessing the costs of completing the multi-purpose facility.

Next Steps: The procedures manual will be refined using focus groups of staff and it will be pilot tested. The legal manual of health and social services will be updated and reprinted during the next quarter. Following detailed discussions with MOSS and SIF ASTP plans to begin the first wave of training – with a "training the trainers" course scheduled for September. Each marz is required to nominate one representative to participate in the course. The ASTP will determine whether it is economically feasible to complete the fifth floor as a training center during July and August based on a construction plan.

*ID:D1: Baseline survey conducted, and regular surveys conducted every 6 months by AST Program (Surveys to be conducted every six months beginning month 12)*

#### Achievements.

The second baseline survey has been completed by NSS interviewers, data entered and cleaned. The survey, conducted between May 26 and June 6, included a random sample of 1,000 households from the general population and 300 households from the PAROS database. The questionnaire used for the survey benefited from consultations with MOSS and MOH. The data analysis will begin in mid-July and the preliminary results made available in September. The data from the survey relating to the 300 PAROS households will be transferred to Nemrout for further analysis by them thus building their capacity for analysis and further engaging the MOSS in the survey results. The results from the first survey, conducted in November 2000, have been used to establish some of the baseline measures for USAID's R4 reports on SO 3.4. Although MOSS has expressed interest in the results of the surveys, and have used the results in presentations and staff training, they are, as yet, unwilling to "go public" with the results in collaboration with the ASTP. Thus, the survey is used "internally" by ASTP as a basis for defining issues and creating a benchmark against which to review the impacts of reforms in the future.

Next Steps. In September 2001, the results of the second household survey will be presented to MOSS and MOH and published as an AST report. The ASTP team will continue working with counterparts in MOSS and MOH to educate them about the usefulness of the survey as a barometer of public opinion and attitudes.

*ID:D3. Assessment of Resources and Capacity of GOA and regional and local governments in Lori and Shirak and Yerevan Pilot Sites to provide Public Education submitted to MOH and MOSS*

*ID:D6 Programs for radio and TV explaining the need for social insurance and health reforms prepared in collaboration with MOH and MOSS. Issues addressed in the campaigns will focus on policy initiatives that have been enacted by the National Assembly or the GOA (Month 30)*

*ID:D7. First training programs provided by the AST program for MOSS and MOH leadership on interview techniques of media interview (Month 15-36)*

Achievements:

- The Minister has formally transferred responsibility for public education to the MOSS department of international affairs, which is an improvement over the part time counterpart who originally was assigned the responsibility.
- Focus groups on access to health care and social services, facilitated by YSU, were held in Lori Marz in order to focus pilot site activity on customer expressed needs. Reports on these focus group meetings were circulated widely within MOSS and MoH and to management at the pilot site.
- Collaborative activities have begun with MOSS on developing public information materials and events. MOSS officials have appeared on TV explaining various policy issues with support from ASTP in the form of training sessions to officials in TV studios prior to appearance.
- MOSS was directly involved in developing the materials distributed at the seminar in Dilijan in early May and for the opening of the Nemrout Center in June and collaborated closely in the organization of the events.
- The MOSS website, developed with ASTP assistance, is operating although departments have been slow to provide appropriate and detailed materials which will assist in public outreach capacity in the future. The ASTP plans to address this through training on the efficient use of websites for public education and outreach.

There has been no progress in working with MOH on public education issues – since no counterpart has been assigned the responsibility of working with ASTP. The Minister has stated that this must await the reorganization of the Ministry, which is planned for this summer.

Next Steps: The AST team will continue to develop and strengthen the capacity of MOSS to provide public education through public education training and technical support in the development of posters, leaflets and brochures. The team will assist MOSS in developing a series of TV programs covering pension issues (the first is scheduled for July 20), PIN, and Privacy. TV is the only media that has any capacity to reach large numbers of people (the newspaper with the largest circulation prints 5,000 copies daily – of which a significant portion are unsold).

*ID:D9. Twelve national and regional press club meetings conducted to explain social insurance and social assistance and health reform programs – staged to incorporate lessons learned throughout the project. (Month 48)*

A review of newspaper circulation and the impact and use of newspapers reveals that the press is a relatively underdeveloped and poor means of communicating with the public. This is confirmed by findings from the ASTP survey and focus groups. Therefore, while the ASTP will continue to assist and encourage MOSS and MOH in organizing press conferences and preparing press releases the team proposes to focus on community leaders meetings and other events in which the press and TV (a much more powerful medium) will be involved.

- A number of positive articles on social reform have appeared in the national newspapers as a result of ASTP activity and the AST team have provided training to MOSS in the preparation of press releases

and public education materials.

- A local community leaders forum was conducted in Vanadzor to allow discussion between 30 community leaders and MOSS and MOH officials. The press was not invited (in order to encourage participation by MOSS and MOH officials) but provided with a separate meeting to brief the facilitators. The meeting was regarded as a success by participants and the report on the meeting has been used to develop the model of integrated social services in Lori Marz to meet citizen needs.
- ASTP team members, with their counterparts, have appeared on a 2-hour TV current affairs program in Lori Marz explaining the nature of social and health sector reforms. The public response was very positive with the program achieving its highest number of phone calls from the public.

Pending further action and involvement by MOH in pilot sites, further community leaders forums in Lori have been postponed. The advisory groups for the health and social pilots continue to meet with enthusiasm weekly as the details of reforms and pilot activity are discussed.

Next Steps: The team plan to hold a further Community Leaders Forum in Vanadzor in the near future in which officials from MOSS and MOH will again meet with community leaders, where pilot activities will be presented and progress outlined. Community involvement and mobilization will be further ensured by the use of focus groups, workshops and public education activities as well as the continued operation of the advisory groups for both health and social sector reform. A local TV company, Interkap, have requested the ASTP to begin a series of weekly health and social service public education programs in September and this is being explored.

*IB:D3. Workplan for the design and implementation of MOSS Information and Analysis Center presented to MOSS, facility prepared, and training of Center Staff Begun (Month 12)*

#### Achievements.

- The ASTP supported, in collaboration with MOSS and the WB, the creation of the Nemrout Information and Analysis Center that was formerly opened on June 14, at a ceremony attended by the US Ambassador, the World Bank and the Minister of Social Security – with about 100 guests. The event was televised and accurately reported in the local press. The Center serves multiple functions including: development and implementation of the personal number system, the Office of the Actuary, the administration of the Poverty Family Benefits Program, technical training for staff within the Ministry, Marzpetaran Social Assistance Departments, and in local RSSC, SIF and RELS offices. ASTP has provided the center with a total of 19 Computers, which are used for the multiple functions. Additional computer equipment was provided by a World Bank credit. ASTP also installed the LAN and a radio modem in Nemrout.
- Nemrout staff have begun to participate in statistical methods training seminars at the NSS provided by the ASTP.
- ASTP team members and Nemrout specialists have begun preparing an Information Resources Management Plan (IRM) that will form the basis of establishing links between the Nemrout Center and regional and local social services centers. The final MOSS IRM Plan is expected by Aug 31, 2001.
- The first stage of the planning has involved a comprehensive review by the ASTP of all the computer equipment and communications systems that are in place in RSSCs, SSIFs, RELS, SADs, and SMEC offices (a total of nearly 200 offices). This is being used to develop a detailed plan for the consolidation of local social services offices into single locations.

Next Steps. MOSS must develop a business plan – which depends in large part in the MOSS identifying the budget resources it can commit to the Center in 2002. ASTP will collaborate with Nemrout staff on preparing the plan. The next major task for the Nemrout Center will be the implementation of the personal number system. Although this cannot be implemented until the law is enacted, work will begin soon on the development

of a comprehensive workplan for the implementation of the system. The World Bank supported the development of a plan by two systems designers from Kyrgyzstan – but a review of this plan by ASTP specialists has revealed many shortcomings and gaps. ASTP and Nemrout will begin a collaborative effort to develop a comprehensive plan in July 2001.

*2C:D2. Recommendations provided for improving Annual Survey of Family Income and Expenditures submitted to GOA and implementation begun (Month 12)*

*2C:D3. Report on alternative mechanisms for defining poverty level and its use in determining eligibility for targeted assistance provided to NSS and MOSS, and a conference on poverty definition conducted (Month 18)*

#### Achievements.

- The NSS continues to conduct the 2001 HIE.
- The AST Program continues to collaborate effectively with the NSS to implement enhancements to the design and processing of data from the HIE. A total of 12 computers have been transferred from the ASTP to the NSS. Training seminars continue on imputation of missing data values, SPSS programming, interviewer technique, computer use, statistical methods, and the presentation of HIE results. Thirty people attended the training seminars. Of the thirty participants, 22 are women and 8 are men.
- ASTP has expanded participants in the training to include specialists from MOH and MOSS. It is also intended to train NSS specialists as statistical trainers who will provide training for specialists from MOSS and MOH analytic centers and Nemrout.

Next Steps. Training for interviewers and analytic staff will continue on a regular basis. ASTP staff are working alongside NSS staff to develop programs to automate data entry and data processing.

*2D:D1. Transfer of PAROS database to MOSS begun with training provided to staff begun (Month 12)*

#### Achievements.

- The transfer of the PAROS database and operating systems from Mergelyan Institute to Nemrout is complete, allowing Nemrout to administer the Poverty Family Benefits Program.

Next Steps. In order to create integrated databases of social protection and to improve database management the ASTP will assist in the collaborative development of the ORACLE version of the database management system involving Nemrout and Mergelyan specialists.

*2A:D6. Analysis of potential roles of NGOs in the delivery of social assistance and health care services completed in collaboration with STP (Month 20)*

*2A:D8. Draft normative acts prepared for GOA to improve the environment for private tenders for social and health services and to create stronger definition of public purpose when creating NGOs prepared in collaboration with the STP (Month 36)*

#### Achievements.

- Short-term consultant Thomas Carmody, from ASTP partner Counterpart International, prepared a detailed workplan that outlines areas in which the AST team will collaborate with the STP Program on NGO-related issues.
- The AST is working with counterparts in MOSS and MOH to identify the factors they view as important when entering into collaborative relationships with private entities. MOSS and MOH officials have been interviewed and the report on their views and considerations will be completed by the end of

July 2001.

- The ASTP plans to include a referral service in the pilot integrated social services center in Lori Marz. The goal is to prepare brochures and reference material to provide to customers in integrated social services offices.
- ASTP has analyzed the Government Procurement Law and is preparing a report on its relation to health care reform. ICNL has also analyzed the law from the perspective of NGOs (received early July 2001).

Next Steps. During the next quarter, ASTP will develop a referral system for private entities offering social services that will be available for distribution in Lori Pilot offices. The ASTP will also collaborate with the STP on developing recommendations on legal changes to improve the system for public contracting and collaboration in the health and social spheres.

*IC:D2. Prototype personified reporting system for enterprises to report to SIF submitted to MOSS and SIF for review (Month 18)*

#### Achievements.

- The ASTP has completed a workplan for the development of a system of personified reporting and record keeping for the Social Insurance Fund – involving the AST, MOSS, SIF and the Mergelyan Institute. The draft Pension Law developed by the ASTP includes articles that would implement the personified system. The full implementation of personified reporting depends on the successful implementation of personal numbers (see below). But significant work in software development and testing can be completed prior to PNs and prior to the passage of the pension law. Work has already begun on the development of the database software by the Mergelyan Institute under a subcontract with ASTP.

Next Steps. The major barrier to full-scale work on personification revolves around the unclear relationship between MOSS and SIF. However, it appears that this issue has been resolved and that ASTP contractor Mergelyan will have the prototype systems ready for demonstrating on time.

*IA:D2. Plan for development of a legal framework for a PN system and the technical and material support to be provided by ASTP submitted to the PN Implementation Board in MOSS – including draft of law or normative act to initiate implementation of the PIN System (Month 9)*

#### Achievements.

- The ASTP team has completed the draft of the PN law that has been accepted by the GOA and will be submitted to the National Assembly in September.
- ASTP has also installed computers for the PN team in Nemrout and for the director of the PN Implementation Board in MOSS. The ASTP is now is preparing a detailed workplan for support of the PN Implementation Board and the Nemrout Center that includes provision of legal and programming support as well as limited support in material assistance (computers and related equipment).

ASTP was delayed in beginning work on PN plan because this was the task assigned by the PN Implementation Board to two Kyrgyz consultants and six Nemrout staff for six months paid for by the WB. The ASTP did not receive the draft report prepared by the Kyrgyz consultants until mid-June – three months after it was promised. A review of the workplan by ASTP systems design experts revealed that the workplan addressed none of the important issues involved in the introduction of PN and no specifications for any components of the software development. ASTP supported two major seminars to explain the PN concept embodied in the draft law for specialists from the GOA and the National Assembly.

Next Steps. During the next quarter, the ASTP will support seminars and public relations activity to support the passage of the law. MOSS and Nemrout are now prepared to work collaboratively on an all-new plan. This process may take approximately four months. ASTP will provide two or three systems design specialist from

Ukraine to work in and with Nemrout on the design. The plan will also identify what technical support will be needed for the implementation of PIN software development and project implementation.

*1B:D5. Pilot programs for integrated operation of social insurance and social assistance benefits that provide families and individuals with simpler access to benefits and better auditing and monitoring of benefit distribution implemented in two pilot sites (Month 18)*

*1D:D11. Four local pilot "Pilot Information and Access" pilot programs opened in local health and social services offices. Pilots will be phased and lessons learned disseminated nationwide.*

*2C:D5. Pilot programs to increase outreach by local social benefits offices to inform and to enroll most vulnerable families by social protection offices designed and implemented in up to 3 pilot sites. Outreach would include public education, assistance in collecting necessary documentation, and home visits (Month 30)*

#### Achievements.

- The Minister of Social Security has approved the concept of Lori Marz workplan.
- The MOSS and Lori marz and local officials have created an advisory group that is collaborating with the ASTP to develop the integrated social service center in Vanadzor and elsewhere in Lori marz.
- Marzpetaran building and local government sub-offices of the Marzpetaran in Lori Marz now include "Info Centers" in eight locations throughout the Marz where information is provided to citizens on eligibility conditions for social services. This is due to the close working relationship developed with the TACIS project "Support to Lori Marz Development" and the active engagement, by the AST team, of all social sector key actors in improving access to social services.
- A site for the location of the integrated social services office is identified (although this is now facing problems because of ownership change).
- A plan of collaboration with Nemrout to develop the integrated social services databases is being developed.
- The NGO referral system for the integrated social services system is also being developed.

Next Steps. A Local Community Leaders Forum has already been conducted to involve local leaders in the project planning and also to allow interaction between the national government and local governments. The next Local leaders forum will be held to discuss the workplan for the integrated social service center. Co-location of offices is dependant on MOSS and Marzpet identification of and taking possession of a suitable premises. Protocols for interaction will be developed during the next quarter. There are clear opportunities to work with the aforementioned "Info Centers" in building better access routes for the public to information and access and these will be explored in the coming quarter.

*1C:D3. Assessment of Costs of and 24-month Workplan for Computerizing Civil Status Registry submitted to Ministry of Justice for Review (Month 18)*

#### Achievements:

- A workplan for the computerization of the Civil Status registry offices, administered by the Ministry of Justice (MOJ), has been completed and submitted to the MOJ (which approved the framework in July 13, 2001). The project will be conducted collaboratively between ASTP, Mergelyan Institute and MOJ. The computerization is essential to the more effective management of pension and social benefits systems as well as providing a necessary input for PN implementation. Monthly updates of births, deaths, marriages and name changes will allow the easy updating of records of families eligible for Poverty Family Benefits (and the automatic recalculation of benefits as a result of births, deaths and marriages), of individuals eligible for pensions, and also will allow the assignment of PNs at birth –

valuable for the creation of a national patient referral and caseload management procedure.

Next Steps. Work on developing the necessary software will begin in July. The project will take approximately three years – without computerizing all past archives of the Registry. Currently USAID is considering a request to computerize the business registration departments of the Ministry of Justice which are located in all cities where ZAKS are located (although not in the same buildings). There are obvious opportunities for integration which will be explored during the next quarter.

*1A:D3. Plan for reform in social insurance system in Armenia submitted to MOSS and SIF. The plan will identify major legal and administrative reforms needed in mandatory state old-age pensions, invalid benefits, and employment insurance. This plan will be the basis for the AST support to MOSS and SIF in developing draft laws and normative acts during subsequent years (Month 12)*

#### Achievements.

- The AST team has prepared several reports related to reforms in the legal basis for social assistance, social insurance, and health (see publications list at the end of this report).
- In addition, the ASTP has collaborated with MOSS in drafting three laws that will be submitted to the National Assembly by the end of the summer. ASTP has conducted several workshops with small groups of counterparts from MOSS and MOH in order to develop a list of the laws and other normative acts that need to be developed during the next two years.

Next Steps. By the end of July 2001, ASTP will submit this legal strategy to counterparts and to USAID for review and comment. The priority legal issues that have already been identified are the drafting of a private pension law, the drafting of the normative acts that will be needed to implement PN and personification and pension reform, and the development of a draft law on social assistance. Work on reform of the PFB program continues to be delayed pending resolution with the WB on issues related to targeting formulae, coverage of benefits and other issues.

*2C:D3. Recommendations for the improvement of the PAROS formula and Family Benefit system administration provided to MOSS (dependent on agreement between USAID and WB on this activity).*

#### Achievements.

- AST has submitted a report to MOSS on the development of an appeals system for PFB program that will be tested in Lori Marz.
- In a program of audit and training evaluation visits the ASTP team together with a MOSS team have visited 43 of the 54 local RSSCs. During these visits customers and staff were interviewed, random files of beneficiaries were checked for errors, inaccuracies and fraud. In addition the combined teams carried out a number of home visits to beneficiaries. These visits, which were unannounced, were very productive and the MOSS have identified the visits as a major factor in improvement in the management and processing of PFB applications. In addition information gathered has provided the basis for proposals for improving the administrative system for audits that will be tested in Lori Marz pilot program. However, the ASTP is constrained in developing improvements in the audit system by the imminent change in the PFB formula proposed by the WB.
- The AST has developed a proposal for the creation of an analytic database, extracted as a sample from the PAROS database, which will be used as the basis for creating a financial forecasting model for analyzing changes in the PFB program.

Because the WB remains opposed to any further changes in the PFB, other than those proposed by the WB, the AST completed only a preliminary analysis of the issue of including communal services payments in the benefit formula.

Next Steps. The deadlock with the WB over social benefits reform must be broken, which will require sustained USAID participation in discussions. Once the deadlock is broken, forward movement can be restarted. While MOSS are willing to work with the AST team on improvements in targeting of PFB they are constrained by the GOA commitment under the Poverty Reduction Strategy Program to implement the new formula, “*The Government will continue to improve targeting of benefit through introduction of the new formula*”.

### **D.3 OVERALL ACHIEVEMENTS IN THE SOCIAL SECTOR**

There are some important overall results achieved during the first nine months of the project that will lay the foundation for close and effective collaboration between the AST and MOSS and SIF on reforms in the areas of social assistance and social insurance:

1. The ASTP has demonstrated to MOSS how to develop laws collaboratively and how to enhance the ability of these laws to pass through the GOA and to gain a favorable reception by NA leaders. The development of the three laws would have been faster and easier without the intervention of WB hired consultants, but the process (drafting backed by seminars) and the seminars for GOA and NA when drafts have been completed is an innovation that was welcomed by all concerned.
2. The Minister and Deputy Ministers of MOSS continue to meet weekly with the AST to coordinate with project activities, allowing effective information and management of activities.
3. The Minister and Deputy Ministers of MOSS collaborate well on many AST activities, e.g. the development of the Nemrout Center, attendance in Advisory Group Meetings for the Lori Marz Pilot Program, visits to local RSSCs, and the design of integrated database management systems for social services offices.
4. MOSS has a clear set of priorities on many project-related activities – including the creation of MIS and administrative databases, training, and policy reforms. To a lesser extent, the SIF clearly recognize the need for assistance in designing and implementing policy and administrative reforms.
5. MOSS has appointed qualified staff to implement many of the project activities – including staff for the Nemrout Information and Analysis Center, ministerial counterparts for training and public education, as well as working groups on issues such as PN and PAROS transfer.

### **D.4 BARRIERS TO REFORM IN THE SOCIAL SECTOR**

At the same time as identifying opportunities that will enhance the ability of the AST team to fulfill the objectives of social insurance and social assistance reform, the team has also encountered barriers that must be overcome. The most important of these are:

1. World Bank social sector assistance is blocking ASTP initiatives. The WB is involved in several areas that overlap with ASTP activities. Unfortunately, for a variety of reasons, WB activities are not supporting ASTP activities – although they often share common goals. Some examples:
  - a. *PIN Implementation:* WB provided Nemrout with \$180,000 in TA for PIN implementation -- \$100,000 for equipment for Nemrout, \$40,000 for legal TA to draft PIN law, and \$40,000 in systems design TA for PIN system. The computer equipment acquired (UNIX-driven Sun Microsystems) is inappropriately complex for the operations of the office; the legal TA was used to draft a privacy law (after ASTP had already drafted one) that was only a translation of the law adopted by the German federal Republic, and the systems design consultants from Kyrgyzstan have completed their work and left no plan.
  - b. *Reform of Poverty Family Benefits.* The WB has included in the SAC conditionalities the requirement that MOSS introduce no new welfare programs and that it introduce a new targeting formula that has been generated by the MOSS computer department and includes no less than 24 variables. MOSS is unwilling, at this time, to explore alternative targeting

mechanisms as the GOA is committed to implementing the new formula. In addition it is unable to develop a comprehensive plan for implementing the "WB" formula – which is hopelessly complex and cannot be practically introduced. The new formula was to await the results of an analysis originally promised in March – and is now promised by mid-July after it has been reviewed internally by the MOSS. The MOSS has committed to the GOA to test the WB formula in a city and town but have also informed the GOA that implementing the new formula will require a) Re-registration of all households eligible for PFB b) major legislative changes. If implementing the new formula goes ahead it will fully engage the energies and resources of the MOSS and RSSCs for the remainder of the year to the detriment of ASTP planned activities. In addition implementing a new and complex formula and requiring re registration of those considered eligible will have a negative effect on public attitudes towards social services which will in turn reflect negatively on ASTP reform efforts.

- c. *Pension Reform.* The World Bank has argued that MOSS should not begin drafting the law for the creation of private pensions. ASTP believes that private pensions are one of the means to phase out privileged pensions from SIF and that the creation of the regulatory mechanisms for private pensions is a process that will take at least two years after the passage of the law. Therefore, ASTP and MOSS believe that drafting should begin now.
2. Salaries in the GOA will make it difficult for MOSS to hold onto skilled computer professionals. Many key activities – from implementing PN and personified reporting, to creating administrative databases – depend on the creation of a skilled and trained cadre of computer professionals at all levels within the social insurance and social assistance system. The salary levels paid by the GOA (when salaries are paid) means that many professionals leave government employment to work in the private sector when they receive training in the necessary skills. The creation of the Office of Actuary is also subject to the risk of loss of trained staff to well paid jobs in private industry. There is also continuous pressure on the ASTP to pay government employees for their work – something the WB and TACIS have done in the past. This problem can be resolved only by reforms in civil service pay. The ASTP subcontracts with Mergelyan to develop software are also an area of contention – with MOSS arguing that such subcontracts should be paid to the Nemrout Center. The staff of the Center have not, as yet, had the opportunity to demonstrate either management or programming expertise. This will come as a result of collaborative work with Mergelyan and ASTP specialists.
3. The GOA budget constraints are severe. Primary counterparts – MOSS and SIF – lack the money to pay for most aspects of reform. This constrains MOSS activity in that recommendations and advice from the AST team, agreed by MOSS, which have financial implications, are not acted on due to lack of funds. The ASTP is constantly faced with a new list of activities that the MOSS or SIF would like financed by the ASTP. MOSS is unwilling to proceed with the training plans developed in collaboration with ASTP because it lacks the funds to finance travel for local office staff to travel to training sessions. Many RSSCs have no telephone service due to lack of funds to pay bills and outreach activities to villages are severely constrained for the same reason.
4. Structural relations between MOSS Marzpeteran, and RSSCs are not clearly defined making it difficult to implement reforms. RSSC offices report both to the local SAD of the Marzpeteran and to the MOSS and staff in these offices are recruited and appointed by the Marzpeteran. In theory the MOSS are the policy makers and the SAD ensure implementation of these policies but in reality the relationship is more complex. The MOSS continually recommends a return to the former situation where RSSCs were under the direct control of the MOSS and they are supported in this by staff and management of the RSSCs. This is very unlikely given the GOA commitment to local government strengthening as expressed in the Poverty Reduction Strategy. The SAD of the Marzpetarans are uneven in their ability to implement reforms and lack basic understanding of the purpose and strategies of social sector reform. This can be addressed, to some extent, by involving them in training and seminars however the stance of MOSS who consider themselves sole experts in all matters relating to the social sector and

their opinion that the SADs are amateurs without knowledge and experience is unhelpful.

5. Structural relations between MOSS and SIF are not clearly defined making it difficult to implement reforms For some months MOSS has indicated an imminent change in the relationship that would bring the SIF structure more directly under the control of the MOSS. This ongoing uncertainty over their future has made SIF management less constructive in their approach to proposed changes and more difficult to work with. For example during the training needs analysis SIF were obstructive and uncooperative and did not fully engage in the process despite constant encouragement. A major improvement, however, is the involvement of SIF personnel, during the last quarter in the regular ASTP Monday meetings with the Minister, Deputy Ministers and Heads of Departments.

# E. OVERVIEW OF ACTIVITIES IN HEALTH CARE REFORM

## E.1 INTRODUCTION

This section summarizes achievements and next steps planned in ASTP activities in health reform in support of Government of Armenia (GOA) during the fourth quarter. During the quarter a total of twelve ST advisors were mobilized from the US, Kyrgyzstan, Chile, Ukraine, and Russia to provide seminars and technical assistance.

ASTP developed a new health strategy for assisting the GOA in implementing health reform. The ASTP strategy, which has been accepted by the GOA, is based on four pillars:

1. Strengthening Governmental Capacity to Implement Health Care Reforms
2. Restructuring Health Care Finance
3. Strengthening Family Medicine
4. Rationalizing the Use of Existing Health Resources

The new strategy emphasizes, in particular, upgrading the clinical skills of practitioners in rural and small town FAPs in order to create a reasonable and accessible preventive health care system, and the retraining existing of specialist practitioners located in family group practices within polyclinics in urban areas. It also gives emphasis to an expanded role for ASTP in the MOH-led optimization process by undertaking pilot optimization projects.

## E.2 REVIEW OF ACTIVITIES BY DELIVERABLES

*1A:D4. Report completed on worldwide experience with health insurance (Month 18)*

*1A:D5. Draft of recommendations for mandatory national health insurance submitted to MOH (Month 30)*

*2A:D2. Workplan with recommendations for administrative reforms in health care finance and budgeting systems submitted to MOH (month 20)*

*2A:D3. Recommendations for the reduction of informal health payments presented to MOH, based on assessment of current payment (Month 24)*

### Achievements.

A seminar (with accompanying paper) on world experience in health insurance was delivered in December 2000 by Abt experts. The response indicates that MOH policymakers need background papers on the preconditions (financial and administrative) for creating health insurance systems and explanations of alternatives to a fully national health insurance system, which Armenia cannot afford at this time. Unfortunately, World Bank support for health reform included a project to draft a health insurance law – giving counterparts the impression that such a program was feasible.

- Therefore, the ASTP has begun detailed financial analyses in collaboration with the SHA on topics related to health insurance. These include a review of the fiscal capacity of alternative revenue sources to finance health care and an analysis of systems for implementing capitation rate payments for primary care and case-based reimbursements for hospital care.

- Four seminars on different aspects of health finance have been presented to counterparts from SHA, MOH and MFE.
- ASTP, through its subcontractor the Mergelyan Institute, has completed the reconstruction of the software that maintains the SHA databases and will have completed re-entering the data for 1999 and 2000. The entire system had collapsed when a WB supported software system collapsed in May 2000 because of a deliberately set virus in the software.

#### Next Steps.

Background papers on fiscal capacity and pre-conditions for health insurance will be completed by August 15. The program of seminars on health finance issues will continue. The empirical analyses of capitation rate payment systems and case based reimbursement will continue.

*2B:D1. Report recommending improvements in the licensing for health care providers and for social workers with a workplan for two-year implementation schedule submitted to MOH and MOSS (Month 15)*

#### Achievements.

- ASTP short-term consultant George Purvis has prepared a preliminary workplan for implementation of enhancements to the licensing system. This will be embodied in a complete report to be submitted to MOH and NIH in September 2001.
- The pilot project in Polyclinic 17 to create a clinical family medicine training center may include a pilot project to provide licensing examinations and testing for practitioners when the center begins operation in mid-2002.
- The ASTP is preparing a report for MOH outlining solutions to the issue of the Government Procurement Act. This will involve the development of a facility accreditation system that will allow SHA to contract with facilities without a competitive tender for each site.

#### Next Steps.

The ability of the MOH to move forward with licensing reform will depend on the resolution of some political issues including the allocation of responsibility for licensing to NIH, SHA or MOH. It will also depend on the legal approach taken to resolving the issues related to the Government Procurement Act.

*2B:D2 Report identifying clinical indicators to be used in quality assurance in health care used in licensing of facilities and practitioners submitted to MOH (Month 18)*

*2B:D3. Report recommending reforms of systems for standard setting and monitoring of the quality of services with workplan for implementation submitted to MOH (Month 20)*

#### Achievements.

- The HIS plan prepared in collaboration with SHA and MOH (for submission to the WB) includes a detailed proposal to implement systems for improving the measurement of health care indicators – using WHO ICD-10 standards. Some of these indicators will form the basis for quality measurement of health care providers. SHA has endorsed the approach and TNO consultant Steven Chapman is providing technical support for the effort in collaboration with the ASTP.

Because of the language of the law on licensing that has passed two readings, it may be necessary to convert the process of licensing facilities to one of “accreditation of facilities”.

#### Next Steps.

The full implementation of improved measurement systems will depend, in part, on the implementation of the HIS plan (including WB tender for computer equipment) and the commitment of the MOH and the SHA to up-

grade the skill of their IT personnel. ASTP and TNO will continue working on the enhancement of indicators and also on the drafting of normative acts under which the ability of SHA to execute non-competitive tenders for the provision of health care services will depend on accreditation based, in part on past performance of facilities.

*2B:D4. Report recommending how to set up the pharmaceutical monitoring system with a workplan presented to MOH (Month 20)*

#### Achievements.

The attempt by the ASTP to include pharmaceutical monitoring as part of the HIS Plan were vetoed by the Minister, in part because of the unclear relationship between the MOH and the Agency for Drugs and Medical Technology and in part because of the politicization of drug importation following the imposition of VAT on pharmaceutical supplies (a GOA action that led to the resignation of a deputy minister).

The ASTP has met several times with the Agency for Drugs and Medical Technology, which has indicated that it already has in place a program of monitoring as well as a plan for the enhancement of the system.

#### Next Steps.

USAID is fielding a pharmaceutical monitoring specialist in August for a three-week evaluation of the situation in Armenia. The ASTP will meet with this specialist and continue meeting with the Agency to determine and evaluate the Agency's system and its plans for enhancements.

*2D:D1. Plan for health systems IT implementation presented to MOH that would create integrated system incorporating information needs of MOH, SHA, NIH and other agencies in cost-effective and sustainable manner (Month 12)*

*2B:D5. Equipment acquired and installed in MOH licensing center based on overall HIS workplan developed in collaboration with WB and MOH (Month 22)*

#### Achievements.

During April and May, the MOH failed to collaborate effectively with the ASTP to provide either data or plans for the preparation of the HIS plan. MOH staff to whom the responsibility was delegated refused to share information and to convene the working groups. This was in part due to the absence of the Minister and his pre-occupation with his wife's health. However, in June, the ASTP persuaded the MOH to begin collaborating in the reparation of a new HIS plan based on the framework outlined in a paper prepared by the ASTP.

- The ASTP prepared a concept paper for a different approach to HIS enhancement. The WB provisionally approved the paper as the basis for developing a new plan.
- ASTP staff were mobilized in late June to prepare a plan based on the ASTP paper. ASTP worked closely with the Dutch consultancy, TNO, in developing portions of the HIS plan. The plan will be submitted to MOH in early July for review. This effort meant the mobilization of ASTP staff resources to gather data and prepare draft sections of the report within a short period of time.
- ASTP supported the rebuilding of the ORACLE based software for SHA for the recovery of health finance data has begun, and data recovery is almost complete. This will provide the basis for the financial analysis on which the final decisions on optimization depends and also the basis for analysis of costs of different types of treatment on which health insurance depends. The Mergelyan Institute has almost completed recovery work and will begin developing a sustainable software package.

#### Next Steps.

During July, the ASTP anticipates that a final version of the HIS Plan with inputs from TNO expert Steven Chapman, SHA and MOH will be submitted to the World bank for consideration. If the WB accepts the plan as the basis for the tender, the ASTP in collaboration with the MOH will begin implementing some of the aspects

of the HIS plan including supporting the creation of a computer center and policy resource center in MOH and beginning to implement improvements in health indicators in collaboration with TNO and SHA. The ASTP will also discuss with the WB techniques for implementing the tender, preparing inventory control software, and personnel database. The ASTP also plans to begin training for key IT personnel.

*3:D2. Analysis of the existing medical facilities, services, and resources in potential pilot sites completed (Month 12)*

#### Achievements.

Although work on the analysis was delayed by the initial unwillingness of the MOH and local health departments to permit a full "audit" of the financial accounts of medical facilities, this unwillingness has been overcome. ASTP has identified a local entity MediTech that has a database of facility equipment and implementing partner, accounting firm Aucon has completed evaluations of reporting systems of SHA and will begin auditing financial accounts of health care facilities in Lori and at Polyclinic 17 in July.

- The Terms of Reference for the assessment of physical, financial, services, personnel, and equipment in the Lori Pilot site have been completed with detailed inputs by outside technical consultants.
- Clearances for the assessment teams have been acquired.
- The assessment of financial data within the MOH Yerevan will begin July 23 with acquisition of Lori Marz financial data available in MOH/Yerevan and Lori Marz financial department.

#### Next Steps.

The formal assessments of health system resources by contractors Aucon and Meditech will be initiated on or about August 10 and completed over a 10-week period of time.

*3:D5. Recommendations for health facility rationalization in Phase 1 pilot site submitted to the MOH (Month 12)*

#### Achievements.

Progress in the optimization process has proceeded much faster and is more far-reaching than anticipated – but will involve a different set of activities by the ASTP. ASTP will not prepare an overall plan for Lori Marz, this was submitted by the marz and approved by the MOH. Instead, ASTP will focus on specific pilot projects to test the legal basis, procedures and barriers for implementing optimization. Of special note is the consolidation of five health facilities [3 hospitals, a blood bank, and ambulance/emergency services] in Vanadzor under one administration. The consolidation is noteworthy in that three of the five facilities include two children's hospitals and a maternity hospital. The situation is unique in that the consolidation of hospitals is more delicate because of the greater amounts of money, resources, and personnel involved when compared to the situation involved in the consolidation of polyclinics. In Tashir (Lori Marz), a large hospital will be closed.

Although MOH has issued a decree ordering the marzes to carry out optimization by the end of this calendar year, the legal, financial, and service delivery implications of this process have to date not been clarified or understood. No procedures exist to guide the consolidation of health facilities. ASTP made an offer to the MOH to undertake a consolidation of two polyclinics into a new polyclinic in Vanadzor to serve as a model for a fair and transparent system of consolidation that can be followed in other marzes. This offer was accepted by the MOH, and subsequent consolidation processes and procedures will be developed and undertaken in close consultation with a committee of knowledgeable Marz level officials. The lessons that are learned from this model related to legal, financial, personnel, and service delivery issues will be documented and then developed into policy-relevant recommendations to the MOH for application of consolidation procedures nationally.

Next Steps. ASTP will request that MOH clarify the meaning of the Prime Ministerial decree requiring the completion of optimization by the end of 2001. It will also request approval of MOH to participate with the marz in "pilot" optimization projects in the marz. Once permission is granted, ASTP will field the necessary

experts to analyze and support marz activities.

*2A:D6. Recommendations for actions required to improve the legislative and regulatory framework for the provision of primary health care presented to MOH (Month 20)*

#### Achievements.

- The AST team has prepared several reports related to reforms in the legal basis for health care and health finance (see publications list at the end of this report).
- ASTP has conducted three workshops with small groups of counterparts from MOH to develop a list of the laws and other normative acts that need to be developed during the next two years.

Next Steps. By the end of July 2001, ASTP will submit this legal strategy to counterparts and to USAID for review and comment. The priority legal issues in the health sphere that have already been identified are: allowing the delegation of health care contracting from the Government Procurement Agency to the State Health Agency, the creation of the normative acts necessary to implement HIS enhancements, and drafting normative acts needed to implement optimization activities. The MOH lacks a strong legal department or well-informed specialists with whom ASTP can collaborate in the same way that it has collaborated with MOSS on pensions, PN and personification.

*Task 3A.1 Final Recommendations for Initial Pilot Sites Made and MOH Approval Given*

*Deliverable: Recommendations for the initial pilot site approved by the MOH and staffing for the pilot site office complete (Month 12)*

#### Achievements.

##### Pilot Site No. 1: Lori Marz

- The AST team has developed workplans for the implementation of pilot projects in Lori Marz and the MOH has approved this site for pilot project implementation.
- The Marz Health Department and the Marzpet gave AST permission to carry out a complete mapping of all Marz health facilities, personnel, and equipment. MOH approval was slower and work did not begin until June 2001. It will be finished in September 2001.
- A Lori Marz Reform Task Group numbering 12 members was formed that represent each of the major stakeholders in the Marz: it includes representatives from MOH (who will manage the working group), MOSS, local NGO's, Marz Administration, the education sector, the Nurses' Association, Labor Unions, and private industry. The group meets weekly and is addressing fundamental issues of implementation of optimization, family medicine, and health care finance.
- The Marz Health Department, with the approval of the Marzpet, has allocated office and training space on the second floor of Polyclinic No. 2. These spaces are free-of-charge and constitute a local in-kind contribution. The renovation of the facility has been completed.
- The pilot office is fully staffed.

ASTP and UMCOR are coordinating health sector activities in Lori Marz. UMCOR is focusing on the development of mobile medical teams to provide medical services to the most remote and underserved areas in Lori Marz and four other marzes in Armenia. Initial steps have been taken to examine the model developed by UMCOR and OXFAM in village-level systems of basic health care service and pharmaceutical provision through a community-base insurance scheme. The result of this examination will be to decide whether and how the model may be used across the Marz as a supplement and extension of ASTP planned work in upgrading of medical skills of rural health care providers (rural ambulatory physicians and Feldshers).

*Peace Corps* representatives located in Lori Marz will collaborate with the ASTP health sector pilot regarding public education activities for health care prevention in schools. Contact has been made with the PCV heading

the volunteers' work in health education in Lori communities and the mechanism for coordination has been developed. On orientation of 10 PCVs to ASTP program objectives and activities will be given on July 12.

#### Pilot Site No. 2: Polyclinic No. 17

- Based on recommendations by the ASTP made to the WB mid-term review team, the WB and PADCO/USAID agreed to collaborate on the development of a clinical training facility for family medicine. This would require very rapid development of plans and renovation of the facility (financed from the WB health reform credit) and the provision of training and the design of a complete FM training program.
- Polyclinic 17 was officially designated as the National Family medicine Clinical raining Center in late April at a ceremony attended by the press and Mission Director Keith Simmons.
- A working group was designated by the Minister to ensure that progress was continued in developing the training facility – including representatives of MOH, the City of Yerevan, the Polyclinic administration, the WB PIU, with support from the ASTP. This group has successfully wrestled with several critical issues related to the reconfiguration of the facility.
- The ASTP fielded a series of ST advisors to prepare a functional analysis of how the Polyclinic could operate as a multi-purpose facility with four Primary Care Group practices, shared diagnostic facilities, and narrow specialist practitioners. These included three US Family practitioners, 3 FM specialists from Kyrgyzstan, a Russian specialist architect in polyclinic design, and a financial analyst. This rapid fielding has enabled the ASTP to keep up the ambitious schedule required by the WB timetable.

Next Steps. The development of the proposed National Family Medicine Training Center in Yerevan will be exploited to use Yerevan as the next active pilot site – centered around the redeveloped facility of Polyclinic No. 17. It still remains to be seen, however, how far MOH and local officials will be prepared to move with the closing of facilities and staffing reductions that would be required for complete optimization.

*3:D6. Family practice training program and initial modules and training materials presented to the MOH and pilot marzes for support of nationwide training and education programs (Month 18)*

*3:D7. Training materials for the pilot PHCs presented to the MOH for approval*

Achievements. Efforts during the fourth quarter have focused on the development of Polyclinic 17 as the clinical training center. This has entailed in depth discussions over how training will be delivered – and the acceptance by MOH of the concept of multiple training centers (including an additional center in Lori Marz). Family medicine counterparts have also been engaged in in-depth discussions with ST family practitioners brought in by the ASTP.

#### Next Steps.

The ASTP will bring in ST consultants from Kyrgyzstan to explore the possibility of transferring some aspects of the lessons (and the training material) learned from the implementation of FM training in Kyrgyzstan under the Zdrav Reform project.

### **E.3 OVERALL ACHIEVEMENTS IN THE HEALTH SECTOR**

1. The MOH coordinating working group was beginning to function better with the more active participation of the Minister.
2. Coordination of the ASTP with the MOH and the World Bank on Family Medicine is proceeding very well – with the ASTP supporting the design of renovations for reconfiguring Polyclinic 17 and the WB committed to financing the reconstruction and equipment of the facility. At the same time, the WB has provide flexible with respect to the design of the HIS plan.

3. Willing, informed and usually cooperative local partners have been identified in Lori Marz and in Polyclinic 17. This local capacity promises to enable the ASTP team to support comprehensive and successful local pilot projects.
4. Collaboration with SHA on developing capitation rate systems, case-mix reimbursement systems and improvements in health indicators is moving forward very successfully.

#### **E.4 BARRIERS TO REFORM IN THE HEALTH SECTOR**

At the same time as identifying opportunities that will enhance the ability of the AST team to fulfill the objectives of health care reform, the team has also encountered barriers that must be overcome to achieve the goals of the project. The most important of these are:

1. The GOA budget constraints are severe at all levels in the health sector. The primary counterparts in the area of health care reform – SHA, MOH – lack the money to pay staff adequately, to equip staff with computers, copiers, and access to e-mail, and to undertake other investments that will be necessary to manage health care programs efficiently and effectively, or even to interact with the AST effectively.
2. The structure of the MOH prevents the considered design, development, and implementation of reforms. MOH lacks policy staff – either experienced lawyers, HIS experts, or financial specialists to participate with ASTP in policy development. This has meant that most activity will proceed at the pilot project level, where counterparts have more concrete technical expertise.
3. The MOH lacks depth and equipment to manage large-scale social databases. Health insurance requires the creation of large databases, revenue collection systems, financial management, and benefit distribution systems. The MOH does not have a computer center. Therefore, a great deal of the administrative capacity building that will support the reform of HIS and health programs is absent.

## G. PUBLICATIONS

| MASTER LIST OF REPORTS PREPARED BY AST |  |                       |                     |
|--|--|-----------------------|---------------------|
| No.                                    | <i>Report Name and language(s)</i><br><i>E-English, A-Armenian</i>   | <i>Primary Author</i> | <i>Date Issued*</i> |
| 1.                                     | Improving the Household Income and Expenditure Survey (E, A)   | Romanyuk              | Oct 30, 2000        |
| 2.                                     | Legal Analysis of the Concept Strategy on Pension Reform in Armenia (E, A)                                       | Nechai                | Oct 30, 2000        |
| 3.                                     | Should State Pension Benefits in Armenia Be Based on Notional Accumulation Accounts? (E, A)                      | Nechai                | Oct 30, 2000        |
| 4.                                     | Analysis of Reporting Requirements of Enterprises to the SIF (E, A)  | Aucon                 | Dec 14, 2000        |
| 5.                                     | Legal Analysis: Issues Related to Organization and Delivery of Health Care in Armenia (E, A)                     | Kocharyan             | Nov 30, 2000        |
| 6.                                     | Analysis of Reporting Requirements of Enterprises to the State Health Agency (E, A)                              | Aucon                 | Dec 11, 2000        |
| 7.                                     | Protecting Individual Privacy in Government Information Systems in Armenia (E)                                   | Schiffman             | Dec 13, 2000        |
| 8.                                     | Reporting Requirements of Enterprises to the Ministry of Social Security (E, A)                                  | Aucon                 | Dec 13, 2000        |
| 9.                                     | Achievements in AST Health Sector Reform in Armenia: August – December 2000 (E)                                  | Gillespie/Vaughan     | Dec 13, 2000        |
| 10.                                    | Recommendations for Creating Actuarial Capacity to Support Social Insurance Reform in Armenia (E, A)             | Wiener                | Dec 14, 2000        |
| 11.                                    | Report on Observational Tour to Moscow on Social Insurance Reform (E)  | Nechai                | Dec 15, 2000        |
| 12.                                    | Basic Legal Requirements for Creating Safe Private Pension Funds in Armenia (E, A)                               | Nechai                | Dec 18, 2000        |
| 13.                                    | Analysis of Issues Related to the Implementation of Pilot Project in Lori Marz (E, A)                            | Millslage             | Feb 6, 2001         |
| 14.                                    | Main Issues in Creating Unified Information System for the Social Security Sector of the Republic of Armenia (E) | Levitsky              | Jan 15, 2001        |
| 15.                                    | Capacity of the GAO to Implement Social and Health Sector Reforms (E, A)   | Harutyunyan           | Jan 15, 2001        |
| 16.                                    | How to Create a Transparent Appeals System for the Poverty Family Benefits Program (E, A)                        | Kearney               | Jan 15, 2001        |
| 17.                                    | Recommendations for Improving the Effectiveness of Local Social Services Offices in Armenia (E)                  | Gross                 | Jan 20, 2001        |
| 18.                                    | Recommendations for Improving Communal Services for Low Income Families in Armenia (E)                           | Vaughan               | In process          |
| 19.                                    | Workplan for AST Program (E)   | Vaughan               | Jan 15, 2001        |

**MASTER LIST OF REPORTS PREPARED BY AST**

| <i>No.</i> | <i>Report Name and language(s)</i><br><i>E-English, A-Armenian</i>  | <i>Primary Author</i> | <i>Date Issued*</i> |
|------------|---|-----------------------|---------------------|
| 20.        | Draft Law to Protect Privacy (E, A)   | Schiffman             | Jan 15, 2001        |
| 21.        | Two Alternative Draft Laws on Pension Reform (E, A)   | Nechai                | Dec 11, 2000        |
| 22.        | Preliminary Assessment of NGOs in Armenia to Support AST Pilot Projects (E)   | Kelegian              | Feb 6, 2001         |
| 23.        | Recommendations and Workplan for Personifying Reporting and Information Systems for the Social Insurance Fund of Armenia (E, A) | Vaughan               | July 2001           |
| 24.        | Recommendations for Improving the Targeting of the Poverty Family Benefits Program (E)  | Kearney               | May 31, 2001        |
| 25.        | Draft Law on Personal Identification Numbers (E, A)   | Nechai                | May 1, 2001         |
| 26.        | Procedures for Collaboration with NGOs under the Armenia Social transition Program (E, A)                                       | Carmody               | Mar 6, 2001         |
| 27.        | Overview of Procedures for Collaborative Development of Health Information Systems in Armenia (E, A)                            | Vaughan               | Mar 12, 2001        |
| 28.        | Procedures for Collaborative Development of Health Information Systems Software in Armenia (E, A)                               | Dionne                | Mar 12, 2001        |
| 29.        | Overview of Procedures for Collaborative Development of Social Protection Information Systems (E, A)                            | Vaughan               | Mar 19, 2001        |
| 30.        | Plan for Improving Training and Education of Family Practitioners (E, A)  | McPherson             | Mar 31, 2001        |
| 31.        | Recommendations for Developing a Policy Resource Center in the Ministry of Health (E, A)  | Vaughan               | Mar 29, 2001        |
| 32.        | Recommendations and Workplan for Computerizing the Civil Status Registry (E, A)   | Vaughan               | July 12, 2001       |
| 33.        | Developing the Capacity of the Ministry of Social Security to Analyze Social Protection issues                                  | Vaughan               | May 31, 2001        |
| 34.        | Workplan for the implementation of pilot social services projects in Lori Marz (E, A)   | Kearney               | July 30, 2001       |
| 35.        | Financial and Actuarial Analysis of Armenian Pension System   | Wiener                | March 2001          |
| 36.        | Survey of Household Attitudes to Social and Health Programs   | Grover, ASTP          | June 2001           |
| 37.        | Valuation Report of proposed pension Reform   | Wiener                | June 2001           |
| 38.        | Training Plan for Ministry of Social Security (E, A)  | Price                 | June 30             |
| 39.        | Functional Analysis and Redesign of Polyclinic 17, Yerevan  | McPherson             | July 2001           |
| 40.        | Workplan for Health reform Activities   | Else, Borowitz        | August 15, 2001     |
| 41.        | Strategy for ASTP Support for Reforms in the Legal Basis for Social and Health Programs   | Nechai                | July 30, 2001       |

\*Many reports are revised – based on comments from counterparts, USAID, ST experts, and changing circumstances and new information. The date shown is the date of the latest version.

| OTHER DOCUMENTS PREPARED BY AST |   |                   |              |
|---------------------------------|---|-------------------|--------------|
| No.                             | Report Name (and Recipient(s))  | Primary Author(s) | Date Issued  |
|                                 | Workplan No. 1: Improvement of the Household Income and Expenditure Survey (HIE) (USAID, NSS – included as appendix to project workplan)  | Romanyuk          | Oct 31, 2000 |
|                                 | Workplan No. 2: Creation of Information and Analysis Center within the Ministry of Social Security (USAID, MOSS – included as appendix to project workplan)                               | Dionne, Sargysyan | Oct 31, 2000 |
|                                 | Workplan No. 3: Support of the PIN Implementation Board for the Design and Development of the PIN System (USAID, MOSS – included as appendix to project workplan)                         | Vaughan, Dionne   | Nov 15, 2000 |
|                                 | Workplan No. 4: Transfer of the PAROS database and Administrative Responsibility of the Family Benefit Program (FBP) to the MOSS (USAID, MOSS – included as appendix to project workplan) | Dionne, Sargysyan | Nov 30, 2000 |
|                                 | Workplan No. 5: Workplan for implementation of PADCO Household Survey (USAID – included as appendix to project workplan)  | Vondal, Grover    | Nov 30, 2000 |
|                                 | Workplan No. 6: Development of Family Medicine in Armenia   | McPherson         | Mar 28, 2001 |
|                                 | Workplan No. 7: Personifying Reporting Systems to the SIF   | Vaughan, Dionne   | Mar 6, 2001  |
|                                 | Report on Links Between AST Program and Council of Europe Guidelines for Social Sector Policy (A, E)  | Vaughan           | Dec 1, 2000  |
|                                 | A Plan for Building an Actuarial Profession and Developing Actuarial Models in Armenia (E, A PowerPoint presentation)   | Wiener            | Dec 8, 2001  |
|                                 | Achievements of AST Health Sector Reform in Armenia (USAID, English Only)   | AST team          | Dec 13, 2000 |
|                                 | Workplan 2001 for the Ministry of Social Security (A, E)  | Kearney           | Dec 18, 2000 |
|                                 | Workplan for AST Program (English Only)   | Vaughan           | Jan 31, 2001 |
|                                 | Book of All Normative Acts in the Republic of Armenia Related to Social Protection (Armenian Only)  | YSU               | Jan 31, 2001 |
|                                 | Workplan to Develop Family Medicine Training System for Armenia (E, A)  | Vaughan           | Mar 31, 2001 |
|                                 | Workplan to Develop Health Information System for Armenia (E, A)  | Vaughan           | Mar 15, 2001 |
|                                 | Documentation Standards for Analysis Using the PROST Model (E, A PowerPoint presentation)   | Wiener            | Feb 2, 2001  |
|                                 | Basic Principles of Disability Insurance Programs (E, A PowerPoint presentation)  | Wiener            | Feb 8, 2001  |
|                                 | Notional Account Plans (E, A PowerPoint presentation)   | Wiener            | Feb 12, 2001 |
|                                 | Plan for MIS Survey of Local Social protection Offices  | Vaughan           | Mar 15, 2001 |
|                                 | Workplan to Analyze PAROS Database on Low-Income Families in Armenia (E, A)   | Vaughan           | Mar 20, 2001 |
|                                 | Developing Health Information System for Armenia (E, A: PowerPoint presentation)  | Vaughan           | Mar 21, 2001 |

| <b>OTHER DOCUMENTS PREPARED BY AST</b> |  |                          |                    |
|--|--|--------------------------|--------------------|
| <i>No.</i>                             | <i>Report Name (and Recipient(s))</i>  | <i>Primary Author(s)</i> | <i>Date Issued</i> |
|  | Information resources management Plans for Installations of AST computers with Counterparts          | Dionne                   | Mar 21, 2001       |
|  | Report on Community leaders Forum in Vanadzor, March 23, 2001  | Kearney                  | Mar 31, 2001       |
|  | Focus Group in Vanadzor on Social Assistance on May 4, 2001  | Kearney                  | May 2001           |
|  | PADCO Recommendations for Design of Personnel Database for MOSS                                      | Dionne                   | May 2001           |
|  | Length of Services in Mandatory Pension Insurance System (E, A PowerPoint presentation)              | Nechai                   | Mar 31, 2001       |
|  | Overview of USAID ASTP Program in Armenia (Power Point)  | Vaughan                  | May 2001           |
|  | Vanadzor Focus Group on Health Care on May 4, 2001   | Kearney                  | June 2001          |
|  | ASTP Strategy to Support GOA Health Reforms in Armenia (Power Point)                                 | Vaughan                  | June 21, 2001      |
|  | Assessment of Health Financing Options for Armenia (power Point)                                     | Telyukov                 | June 2001          |
|  | Recommendations for the Implementing Regional Health Facilities Optimization Plans                   | Vaughan                  | June 2001          |
|  | Memo: Bankruptcy Law and Optimization  | Kocharyan                | June 2001          |
|  | Proposal for Creating a Fund for Start-Up Family Group Practices in Armenia                          | McPherson                | June 2001          |
|  | A Framework for Downsizing and Phasing in Investments in Health Information Systems in Armenia       | Vaughan                  | June 2001          |
|  | Provider Payment Financing Mechanisms in Armenia (Power Point Presentation: 3 parts)                 | Telyukov                 | July 2001          |
|  | MOSS Program for Social Sector reform (Power Point delivered in Paris Donor Conference in July 2001) | Kearney                  | July 2001          |
|  | Training Workplan for Statistical Analysts in GOA: July 2001 – July 2003                             | Romanyuk                 | July 2001          |
|  | Analysis of PN Implementation Plan Prepared by WB Consultants for MOSS                               | Levitsky                 | July 2001          |
|  | Personification and Information Systems for SIF  | Levitsky                 | July 2001          |
|  | The Legal Regulation of Procurement Procedures in Health Care  | Nechai/ Ko-charyan       | July 2001          |